

EQUINE ASSISTANCE

Name: _____ (PRINT) _____

Team: _____

HOW DO YOU FEEL ABOUT YOUR TEAM? _____ YES _____ NO

HOW DO YOU FEEL ABOUT YOUR TEAM'S COACH? _____ YES _____ NO

WHAT ASPECT OF THIS TEAM DO YOU LIKE THE MOST? _____

Name: _____

WHAT WOULD YOU BE MOST INTERESTED IN LEARNING FROM YOUR COACHES?

TEAM SCHEDULES: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

TEAM MANAGEMENT SKILLS: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

TEAM COMMUNICATION SKILLS: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

PLEASE CHECK THE APPROPRIATE AREA THAT BEST DESCRIBES YOUR CURRENT LEVEL OF KNOWLEDGE AND SKILLS. PLEASE CHECK ALL THAT APPLY.

TEAM ISSUE	I HAVE ACQUIRED THIS SKILL	I NEED MORE PRACTICE	NEED A LOT MORE PRACTICE
MANAGEMENT SKILLS			
COMMUNICATION SKILLS			
TEAM SCHEDULES			
TEAM MANAGEMENT SKILLS			
TEAM COMMUNICATION SKILLS			
TEAM SCHEDULES			
TEAM MANAGEMENT SKILLS			
TEAM COMMUNICATION SKILLS			